



# Red River National Wildlife Refuge

## Summer Camp Health Form



Camp Attending:

☐ Birding ☐ Outdoor Recreation ☐ Young Naturalist ☐ Younger Naturalist ☐ Youngest Naturalist

### **Basic Information**

Participant's Name: \_\_\_\_\_ Grade for Fall 2017: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Will parent/guardian be volunteering at Camp, Name: \_\_\_\_\_

Is your child coming to camp with a cell phone? No ☐ Yes ☐ list number: \_\_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Allergies:** *Please explain below.* ☐ None ☐ Food ☐ Medication ☐ Other

\_\_\_\_\_  
\_\_\_\_\_

**Current Medications:** *Name, reason, when is it to be given, dose given, how is it given*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Restrictions:** *I have reviewed the program and feel my child can participate*

☐ without restriction ☐ under the following conditions

\_\_\_\_\_  
\_\_\_\_\_

### **Who is authorized to pick up child from camp?**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

The children will be waiting to be picked up either in the Visitor Center or the Education Center.

We will be doing crafts and creating art in camp, can your child use a hot glue gun without direct adult supervision? Yes ☐ No ☐

**The following over the counter medications may be given to my child by the camp health**

**care supervisor if deemed necessary.**

\_\_\_\_\_ Tylenol    \_\_\_\_\_ Advil/Ibuprofen    \_\_\_\_\_ Benadryl/Antihistamine    \_\_\_\_\_ Tums/Antacid  
\_\_\_\_\_ Robitussin/Expectorant

Is there anything else we should know about this child, not previously addressed?

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**Medical Treatment Consent**

I, the legal guardian of the above-named camper, authorize the Red River National Wildlife Refuge staff to seek medical treatment for the camper as they see necessary at a nearby facility. I consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care subsequently deemed necessary by a licensed health care provider during the participant's camp. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Refuge staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as s/he judges necessary to the above-named child. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Refuge staff will make a good faith effort to contact me or the above-named person(s) before seeking treatment. If this is not possible, I understand that the Refuge staff will notify me or my designee as soon as possible of any and all diagnoses and treatments.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date